

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Ginger's Adult Day Care Transportation, LLC

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Alverneq Simpkins

Telephone: 803-279-7822

Address: 401 West Martintown Rd.

Fax: 803-279-7885

Suite 201

Other: _____

North Augusta, SC 29841

Email: Hattae25@hotmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Request for Name Change on Certificate

☐ Application - Class C Taxi

☐ Request to Amend Scope of Authority

☐ Application - Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application - Class C Charter Bus

☐ Request to Amend Passenger Limit

☒ Application - Class C Non-Emergency

☐ Request

☐ Application - Class C Stretcher Van

☐ Exhibit

☐ Application - Class E Household Goods

☐ Late-Filed Exhibit

☐ Application - Class E Hazardous Waste

☐ Letter

☐ Application

☐ Proposed Order

☐ Request for Extension to Comply with Order

☐ Publisher's Affidavit

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Reservation Letter

☐ Request for Cancellation of Certificate

☐ Response

☐ Request for Suspension

☐ Return to Petition

☐ Request for Reinstatement

☐ Other: _____

RECEIVED
DEC 03 2021
PSC SC
MAIL / DMS

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If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
 101 Executive Center Drive, Suite 100
 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
 OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: November 17, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Ginger's Adult Day Care Transportation, LLC
 Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

401 West Martintown Rd. Suite 201 North Augusta, SC 29841

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-279-7822

Phone

803-279-7885

Fax

hattae25@hotmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☒ Corporation - List names and addresses of two principal officers.

Alverneq Simpkins - 121 Lake Murray Dr. North Augusta, SC 29841

Emma Scott - 202 East Crosson St. Batesburg-Leesville, SC 29070

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u> | | <u>Liabilities:</u> | |
|-------------------------------------|--------------------------------------|------------------------------|-----------------------------------|
| Value of Real Estate | <input type="text"/> | Mortgage/Loan on Real Estate | <input type="text" value="0"/> |
| Value of Motor Vehicles | <input type="text" value="8000.00"/> | Loans Owed on Motor Vehicles | <input type="text" value="0"/> |
| Cash on Hand | <input type="text"/> | Business/Other Loans Owed | <input type="text" value="0"/> |
| Cash in Bank | <input type="text"/> | Other Liabilities or Debts | <input type="text" value="0"/> |
| Value of Other Assets and Equipment | <input type="text"/> | Total Liabilities | <input type="text" value="0.00"/> |
| Total Assets | <input type="text" value="8000.00"/> | | |

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

\$1.75 / Mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|---|---|-------------------------------------|---|--|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input checked="" type="checkbox"/> Saluda |
| <input checked="" type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input checked="" type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input checked="" type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL | VIN# | EMPTY WEIGHT | WHEEL- CHAIR LIFT |
|----------|---------------------|-------------------|--------------|-------------------------|
| Chrysler | 2007 Town & Country | 2A4GP54L97R315241 | 5,700 lbs | X |
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INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Ginger's Adult Day Care Transportation, LLC

Name of Applicant

401 West Martintown Rd. Suite 201 North Augusta, SC 29841

Address of Applicant

Amount of Premium:

Liability Insurance \$ 5253.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

| | | |
|-----------------------------------|--------------|-----------|
| Liability Combined Each Occurance | \$ 1,000,000 | 1,000,000 |
| Medical Payments per Person | \$ 1,000 | 5,000 |

Columbia Insurance Company Southern Insurance Underwriters

Name of Insurance Company

4500 Mansell Rd. Alpharetta, GA 30022

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

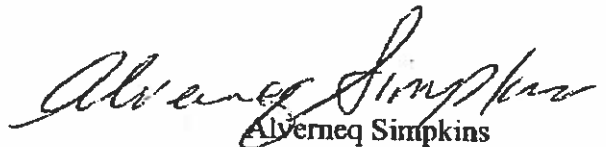
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.


Alverneq Simpkins

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)

COUNTY OF Asheville)

SWORN TO BEFORE ME
This 18th day of Nov., 2021


Notary Public

Commission Expires 07/30/2030

Print Application

The State of South Carolina

Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Ginger's Adult Day Care Transportation, LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 4th, 2021, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 4th day
of November, 2021.


Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 211104-1415298

Filing Date: 11/04/2021

Nov 04 2021
REFERENCE ID: 903013

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**


SECRETARY OF STATE OF SOUTH CAROLINA

**ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Ginger's Adult Day Care Transportation, LLC

*Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "LLC.", "LLC", "LC.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is
401 West Martintown Rd. Ste. 201

(Street Address)

North Augusta, South Carolina 29841

(City, State, Zip Code)

3. The initial agent for service of process is

Alverneq Simpkins

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:

401 West Martintown Rd. Ste. 201

(Street Address)

North Augusta

(City)

South Carolina 29841

(Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)

Alverneq Simpkins

(Name)

121 Lake Murray Dr.

(Street Address)

North Augusta, South Carolina 29841

(City, State, Zip Code)

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Nov 04 2021

REFERENCE ID: 903013

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Ginger's Adult Day Care Transportation, LLC

Name of Limited Liability Company

(b)

Emma Scott

(Name)

202 East Crosson St.

(Street Address)

Leesville, South Carolina 29841

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Nov 04 2021

REFERENCE ID: 903013


SECRETARY OF STATE OF SOUTH CAROLINA

Ginger's Adult Day Care Transportation, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Alverneq Simpkins

Signature of Organizer

Date: 11/04/2021

Emma Scott

Signature of Organizer

Date: 11/04/2021

Ginger's Adult Day Care

401 W. Martintown Rd Ste. 201

North Augusta, SC 29841

Ph#: 803-279-7822

Fax#: 803-279-7885

FAX

| | |
|-------------------------------------|----------------|
| <input type="checkbox"/> | Urgent |
| <input checked="" type="checkbox"/> | For Review |
| <input type="checkbox"/> | Please Comment |
| <input type="checkbox"/> | Please Reply |

| | |
|--|-----------------------------------|
| TO: <u>Public Service Commission</u> | Total # of Pages: <u>14</u> |
| FAX #: <u>CLERKS OFFICE</u> <u>803-896-5199</u> | |
| DATE: <u>12/2/21</u> | |
| RE: <u>CLASS C Non-Emergency Application</u> | |
| FROM: <u>AL SIMPKINS</u> | |
| COMMENTS: <u>HAPPY HOLIDAYS! PLEASE</u> <u>SEE ATTACHED. THANK SO MUCH!</u> <u>😊</u> | |

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



Date: November 5, 2021

To: Debbie Smrz ,000875
Austin Taylor Insurance Agency, Inc.

From: Lakeisha Mitchell,
Underwriter
Phone: [(678) 498-4810
Email: lmittchell@siuins.com

Dear Debbie Smrz,

Thank you for the opportunity to quote this risk on your behalf. Please review the attached quote carefully and if you have any questions, you can contact me immediately at [(678) 498-4810 and I will be glad to provide assistance in placing this coverage.

Sincerely,

Lakeisha Mitchell

Reference #: 3266975

COMMERCIAL AUTO INSURANCE QUOTE

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

DATE ISSUED: November 5, 2021

PRODUCER: Austin Taylor Insurance Agency, Inc.,000875

INSURED: GINGER'S ADULT DAYCARE LLC,
401 A WEST MARTINTOWN RD
North Augusta, SC 29841

INSURER: Columbia Ins Co
Admitted

COVERAGE: Rapid Reply - South Carolina

SCHEDULE: 2007 Chrysler Van-\$15,000 stated value
50 mile radius

TERM: 12 Months

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

LIMITS OF LIABILITY:

| | |
|-------------|--------------------------------|
| \$1,000,000 | Liability |
| \$300,000 | UM/UIM |
| \$5,000 | Medical Payments |
| \$15,000 | Stated Value - Physical Damage |

DEDUCTIBLE:

| | |
|---------|---------------|
| \$1,000 | Comprehensive |
| \$1,000 | Collision |

PREMIUMS:

| | | |
|----------------------|------------|-------|
| Auto Liability | \$4,042.00 | 10.00 |
| Uninsured Motorist | \$638.00 | 10.00 |
| Medical Payments | \$127.00 | 10.00 |
| Auto Physical Damage | \$446.00 | 10.00 |

POLICY FEE:

TAXES:

PREMIUM: \$5,253.00

COMMENTS:

2 Years driving experience with this type & size of vehicles
Any drivers addition or deletions could change premium
Based on all drivers having clean motor vehicle reports
Coverage based on symbol 7 or symbol 46
HIRED AND NON-OWNED COVERAGE NOT PROVIDED
No prior losses
NO FILINGS
Insured not transporting for hire
Vehicle does have disability equipment

CONDITIONS:

To bind coverage, please fax a completed, signed Company application. We can not bind without it! (Accord applications are not acceptable).

Please note quote is only valid for 30 days unless otherwise noted.

Flat Cancellations are not permitted.

All terms and conditions are based upon receiving acceptable signed completed company application, acceptable motor vehicle reports and loss runs (if requested).

COMMISSION: 10%

THIS QUOTE IS ISSUED BASED UPON THE INSURER'S AGREEMENT TO QUOTE AND IS ISSUED BY THE UNDERSIGNED WITHOUT ANY LIABILITY WHATSOEVER AS AN INSURER. THIS QUOTE MAYBE WITH-DRAWN BY THE INSURER AT ANY TIME PRIOR TO BINDING. PREMIUM PAYMENT IS DUE WITHIN TWENTY (20) DAYS FROM EFFECTIVE DATE UNLESS OTHERWISE STIPULATED.

AUTHORIZED REPRESENTATIVE
Lakeisha Mitchell, Underwriter

TOTAL NUMBER OF PAGES: 2
INSURED: GINGER'S ADULT DAYCARE LLC
DATE ISSUED: November 5, 2021

Reference #: 3266975